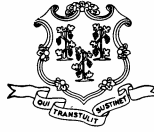


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**LIQUOR CONTROL DIVISION**

Telephone: (860) 713-6210

Fax: (860) 713-7235

Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

**APPLICATION FOR ADDITIONAL CONSUMER BAR(S)**

**Instructions:**

Complete this application and submit with a check or money order made payable to "**Treasurer, State of CT**" for the total number of consumer bar(s) for which you are requesting approval at **\$150.00 each**.

**→ Return your completed application and appropriate fee to:**

**Department of Consumer Protection, License Services Division, 165 Capitol Ave, Hartford, CT 06106**

Permittee Name: (First, Last)		Liquor Permit Number:	
Name of Business:			
Business Street Address: (Location of Business)			
City:		State:	Zip code:
Backer's Name:			
Business Telephone Number (with area code)		Number of Additional Consumer Bar(s) Requested @ \$150.00 each:	

**NOTE:**

- This application must be accompanied by an 8.5 x 11 inch sketch of the entire premises, showing the location(s) of the additional consumer bar(s) for which you are requesting approval. You must also submit a photograph(s) of these proposed location(s)**

I have attached a sketch and photograph(s), as described above, related to the additional consumer bar(s) for which I am requesting approval:      Yes      No	
Signature of duly authorized representative:	Date: